

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Understanding surgical disease and care for Māori in Aotearoa: Protocol for a scoping review
AUTHORS	Rahiri, Jamie-Lee; Tuhoe, Jason; Harwood, Matire; Koea, Jonathan

VERSION 1 – REVIEW

REVIEWER	Elston, Marianne The University of Auckland, Medicine
REVIEW RETURNED	08-Dec-2021

GENERAL COMMENTS	<p>The protocol is well-written and detailed.</p> <p>Main point: Suggest adding how ethnicity is collected for the papers included i.e. was ethnicity collected as per Census questionnaire or from DHB records or if this was not detailed in the paper.</p> <p>Minor points:</p> <p>Would the authors also consider approaching clinical audit units from DHBs to include audits? It would be expected that audits have been performed which fall into the scope of this study. The obvious limitation is that these won't have been subject to peer review but I note the authors are planning to include grey literature as part of the study.</p> <p>Please ensure consistency throughout the manuscript. For example, in the abstract three databases are listed that will be used for search whereas in the Search strategy on page 6 a fourth database is included (Google Scholar). Aotearoa is used whereas New Zealand is used at other times e.g. page 5 lines 27-32 and line 50.</p> <p>As this is targeted for an international journal, please give definitions when first used. For example, Kaupapa Māori methodology is referred to in the introduction (line 34) but first defined in the following page in the Methodology section (line 14-16). Similarly, please include definitions for te Ao Māori and mātauranga Māori, line 35 of the introduction.</p> <p>On page 5 under outcomes you have included as #2 attendance and access, are you also including data points to look at acute vs elective? For example, hernia repair or cholecystectomy. Similarly for cancers, differences in stage which will be contributed to by access to care.</p>
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	<p>Figure 2. Surgical specialty subheadings. There are a number of points listed under General some of which are general surgery subspecialties e.g. colorectal and breast but others seem to be random i.e. skin/abscess and abdominal wall. Please clarify this and if you are planning to include examples of conditions under each surgical specialty this should also be done for the other specialties.</p> <p>Appendix A Also consider sinus under ENT, calculi under urology, appendix, parathyroid, adrenal and small intestine under general, valve under cardiothoracic (although this is likely to be mostly picked up by aortic and mitral). Possibly also shunt under vascular e.g. dialysis patients and pituitary under neurosurgery. Spine under neurosurgery/orthopaedics.</p>
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REVIEWER	Elliott, Brodie Starship Children's Health, Department of Paediatric Surgery
REVIEW RETURNED	12-Dec-2021

GENERAL COMMENTS	<p>This is an important and necessary body of work that seeks to coalesce data from a broad range of sources. The current state of Māori surgical research is seemingly disparate and of varying quality which impacts organisational progress from acknowledgement of inequity to meaningful action. This project aims to act as a valuable summation of current progress but also attempts to answer the important question of 'what next?' guiding future efforts. A scoping review is an appropriate methodology for these aims.</p> <p>The protocol is well-written, appropriately registered, and satisfies the PRISMA-ScR guidelines. The authorship team has implicitly and explicitly focused on methodology that centers culturally responsiveness and safety. The search terminology is robust and it is a proactive and valuable step to include several senior Māori academics in this process. I commend the authors and wish them all the best for what is likely to be a considerable task ahead!</p> <p>There are a few extremely minor comments:</p> <ol style="list-style-type: none"> 1) Page 6; Line 21: ...tangata whenua is missing a period. 2) As common in Aotearoa New Zealand, kupu Māori are interspersed into the writing and are easily understood by a local audience. However, given the internationally-facing nature of this protocol it might pay to consider a glossary. 3) I note the inclusion of trauma in the search criteria but it doesn't seem to be represented in Figure 2. I suspect this is an evolving/iterative figure, but would be important not to overlook this common presentation with significant proven inequity. 4) Given the broad scope of this paper and the clearly stated aims to investigate access to surgical care, it was noted that 'access*' or some variant of such, isn't currently included in Appendix A: Search Strategy Key Search Terms.
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VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Dr. Marianne Elston, The University of Auckland

Comments to the Author:

The protocol is well-written and detailed.

Ngā mihi nui.

Main point: Suggest adding how ethnicity is collected for the papers included i.e. was ethnicity collected as per Census questionnaire or from DHB records or if this was not detailed in the paper.

The Authors agree that this is an important variable and have accordingly added this to the Data Variables section of the manuscript (page 7).

Minor points:

Would the authors also consider approaching clinical audit units from DHBs to include audits? It would be expected that audits have been performed which fall into the scope of this study. The obvious limitation is that these won't have been subject to peer review but I note the authors are planning to include grey literature as part of the study.

Thank you for this suggestion, it is a great thought. However, after reviewing our own departmental audit process at Waitematā District Health Board, a surmountable amount of work would be required to contact 20 District Health Boards and retrieve any unpublished data. In addition, we would need to apply for locality approval at each hospital and we are aware that ethical approval processes are taking longer than usual due to coronavirus disease (COVID-19). This would prolong our research timeline which is influenced by our funding from the Health Research Council of New Zealand and also by the urgency of this research. A lot of research continues to be published about Māori in surgery that is damaging therefore, we have elected not to include data from clinical audit units.

Please ensure consistency throughout the manuscript.

For example, in the abstract three databases are listed that will be used for search whereas in the Search strategy on page 6 a fourth database is included (Google Scholar). Aotearoa is used whereas New Zealand is used at other times e.g. page 5 lines 27-32 and line 50.

Thank you for this. The Authors have amended the manuscript to reflect consistency as suggested above.

As this is targeted for an international journal, please give definitions when first used. For example, Kaupapa Māori methodology is referred to in the introduction (line 34) but first defined in the following page in the Methodology section (line 14-16). Similarly, please include definitions for te Ao Māori and mātauranga Māori, line 35 of the introduction.

The Authors have elaborated on Kaupapa Māori research in the methodology section as we feel this is where it is best situated in the manuscript. The methodology informs the readership as to the positionality of the research team and therefore the lens by which we intend to carry out the research methods. We have subsequently provided a glossary of terms at the end of the manuscript to aid international readership in the understanding of Te Reo Māori.

On page 5 under outcomes you have included as #2 attendance and access, are you also including data points to look at acute vs elective? For example, hernia repair or cholecystectomy. Similarly for cancers, differences in stage which will be contributed to by access to care.

The Authors will be including acute and elective data points and have specified this in point two of the Outcomes section (page 6).

Figure 2. Surgical specialty subheadings. There are a number of points listed under General some of which are general surgery subspecialties e.g. colorectal and breast but others seem to be random i.e. skin/abscess and abdominal wall. Please clarify this and if you are planning to include examples of conditions under each surgical specialty this should also be done for the other specialties.

The Authors specified abdominal wall and skin/abscess as these are common general surgical areas that encapsulate hernias (abdominal wall), melanoma, non-melanoma skin cancers, wound infection/dehiscence and abscesses. There is considerable overlap in some search terms. For instance, skin would also feature in Plastic Surgery and Otorhinolaryngology. Abscesses could feature under any specialty and we have elected to join the surgical specialty search terms by 'OR' as opposed to 'AND' which will ensure crossover among and between the different specialties. We have provided the search strategies for each database and have included a mixture of keywords (with MeSH terms) as well as subject headings for clarification. We have amended Figure 2 such that it no longer specifies conditions/areas under General surgery to avoid confusion and hope that provision of the search strategies will provide better clarification.

Appendix A

Also consider sinus under ENT, calculi under urology, appendix, parathyroid, adrenal and small intestine under general, valve under cardiothoracic (although this is likely to be mostly picked up by aortic and mitral). Possibly also shunt under vascular e.g. dialysis patients and pituitary under neurosurgery. Spine under neurosurgery/orthopaedics.

The Authors have added the terms sinus, calcul*, appendi*, parathyroid, adrenal and small intestine (small bowel) as mentioned, with thanks. As above, there is overlap among the specialties and we have adjoined terms with 'OR' to expand the search cover among and between the different surgical specialties.

Reviewer: 2

Dr. Brodie Elliott, Starship Children's Health

Comments to the Author:

This is an important and necessary body of work that seeks to coalesce data from a broad range of sources. The current state of Māori surgical research is seemingly disparate and of varying quality which impacts organisational progress from acknowledgement of inequity to meaningful action. This project aims to act as a valuable summation of current progress but also attempts to answer the important question of 'what next?' guiding future efforts. A scoping review is an appropriate methodology for these aims. The protocol is well-written, appropriately registered, and satisfies the PRISMA-ScR guidelines. The authorship team has implicitly and explicitly focused on methodology that centres culturally responsiveness and safety. The search terminology is robust and it is a proactive and valuable step to include several senior Māori academics in this process. I commend the authors and wish them all the best for what is likely to be a considerable task ahead!

Ngā mihi nui ki a koe. Thank you for your supportive comments.

There are a few extremely minor comments:

1) Page 6; Line 21: ...tangata whenua is missing a period.

The Authors have edited this with thanks.

2) As common in Aotearoa New Zealand, kupu Māori are interspersed into the writing and are easily understood by a local audience. However, given the internationally-facing nature of this protocol it might pay to consider a glossary.

Thank you for this suggestion. The Authors have added a glossary table at the end of the manuscript.

3) I note the inclusion of trauma in the search criteria but it doesn't seem to be represented in Figure 2. I suspect this is an evolving/iterative figure, but would be important not to overlook this common presentation with significant proven inequity.

Thank you for this. We have included trauma in our search strategies which we have attached in a supplementary document to this manuscript.

4) Given the broad scope of this paper and the clearly stated aims to investigate access to surgical care, it was noted that 'access*' or some variant of such, isn't currently included in Appendix A: Search Strategy Key Search Terms.

The Authors have added this keyword to the search strategies as appended.

Ngā mihi nui